

Registration Form—Saint James Summer Program

Student Information

Name _____ Age _____ Date of Birth _____ Grade _____ T-shirt Size _____

T-shirt Sizes: **Youth** Small Medium Large X-large **Adult** Small Medium Large X-large

Parent Information

Mother's Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

Work Phone: _____

Email: _____

Parent Information

Father's Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

Work Phone: _____

Email: _____

Authorized Person other than parent to pick up student

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Medical Contact Information

Physician Name: _____ Phone: _____ Hospital: _____

List Any Allergies/Medical Conditions: _____

Please select the approximate days your children will be attending .

Full Time: Monday -Friday _____

Part Time: Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Parent Signature: _____ Date: _____

Please return this form with your registration fee to the school office.